

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>TH</i> | <i>32</i> | <i>10/10</i> |
| FORMALITY REVIEW | <i>TH</i> | <i>11/10</i> | <i>10-25-01</i> |
| RESPONSE FORMALITY REVIEW | <i>TH</i> | <i>1079</i> | <i>10/21/01</i> |

INDEX OF CLAIMS

☐ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restituted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

| Claim | Date |
|-------|----------|
| 1 | 10/10/01 |
| 2 | 10/10/01 |
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If more than 150 claims or 10 actions
staple additional sheet here

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